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## BIB DATA SHEET

CONFIRMATION NO. 8810

| SERIAL NUMBER | FILING or 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
|---------------|-----------------------|-------|----------------|---------------------|
| 10/529,002    | 12/15/2005<br>RULE    | 251   | 4156           | 2002P00990WOUUS     |

**APPLICANTS**

Joachim Haedicke, Baden-Baden, GERMANY;  
 Martin Oberhomburg, Wetter, GERMANY;  
 Gildas Violain, Ottrott, FRANCE;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/EP03/10530 09/22/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

EUROPEAN PATENT OFFICE (EPO) 02021405.2 09/25/2002

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

|                          |   |                                |   |                  |                 |              |                    |
|--------------------------|---|--------------------------------|---|------------------|-----------------|--------------|--------------------|
| Foreign Priority claimed | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 35 USC 119(a-d) conditions met | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | STATE OR COUNTRY | SHEETS DRAWINGS | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| Verified and             | /KWOI CHEUNG<br>WONG<br>_____<br>Acknowledged _____                 |                                | <input type="checkbox"/> Met after Allowance<br>KOW<br>Initials     | GERMANY          | 4               | 13           | 2                  |
|                          | Examiner's Signature  |                                |   |                  |                 |              |                    |

**ADDRESS**

BSH HOME APPLIANCES CORPORATION  
 INTELLECTUAL PROPERTY DEPARTMENT  
 100 BOSCH BOULEVARD  
 NEW BERN, NC 28562  
 UNITED STATES

**TITLE**

Gas tap comprising an electromagnetic safety valve and magnetic insert for an electromagnetic safety valve

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|------------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>1030 | FEES: Authority has been given in Paper<br>No._____ to charge/credit DEPOSIT ACCOUNT<br>No._____ for following: | <input type="checkbox"/> All Fees                            |
|                                    |   | <input type="checkbox"/> 1.16 Fees (Filing)                  |
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